

QA REPORT: Sample

**Name of institution:**

Date(s) of QA activity from: 2/2/04 to: 2/16/04

QA Indicator: Report turnaround

Threshold: Final signed copy sent to referring physician within 48 hours of study being completed.

Describe measurement – data sampling:

# of sample random reports were pulled from the sampling timeframe.

Analysis of data:

Each report was reviewed for appropriateness, interpreting physician signature, and notation by transcriptionist in bottom left corner for date transcribed and mailed.

Threshold limits \_\_\_\_\_

Threshold exceeded?

\_\_\_\_ yes, describe corrective action \_\_\_\_\_

\_\_\_\_ no

Corrective Action/Improvement Plan:

\_\_\_\_ n/a \_\_\_\_\_  
\_\_\_\_\_

Discussion with appropriate staff was held and results communicated:

Results reported at quarterly staff meeting.

Re-evaluation scheduled for: per QA calendar or if problems come up due to staffing issues, turnover, new reporting technologies introduced, etc.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Report prepared by:

Reviewed by: